

# Health care, technology, and human rights

David Heiden



At left, a Tibetan woman praying while lying on the operating table waiting for cataract surgery at the First People's Hospital, Lhasa, Tibet. September, 1995.

At right, the Dalai Lama's picture in a tea house in Lhasa, where display of his image has since been forbidden by the Chinese government. Tibetans believe that the Dalai Lama is the living re-incarnation of Chenrezig, the Bodhisattva of Compassion. September, 1995.

I went to Tibet in the fall of 1995 and 1997 to help with the problem of blindness. Blindness work is conceptually simple: most curable blindness is caused by cataract. Patient selection and surgical skills can be taught. The technology for curing cataract blindness has matured over the last 30 years, and now a superb operation can be done with simple tools at a cost of only \$20 per eye, which includes implantation of a good quality artificial intraocular lens.

But after the skills and technology are introduced, then what happens? How many of the people with cataract blindness get surgery? It is not a big secret that for the last 40 years Tibetan religion and culture have been violently repressed. What should this mean to an expatriate trying to improve the health care system in Tibet? How should a doctor respond? Is there a link between human rights and good health care?

*David Heiden is an ophthalmologist practicing in San Francisco.*